

3869 W. Jefferson Ave. Ecorse, MI 48229 (313) 386-2520

CITIZENS' COMPLAINT FORM

Name:			Telephone #:		
Address:					
Address of Viola	ation: ————				
Nature of Cond	cern/Complaint:				
Applicant Signa					
ROUTED TO:			☐ Building Dept.		
Date Investigate	ed:				
ACTION TAKEN	l:				
C:					